HIPAA

I. RANDY KULMAN, PH.D. NOTICE OF PRIVACY PRACTICES

This notice describes how psychological and medical information about you can be used and disclosed, and how you can get access to this information. Please review it carefully.

- I. Uses and disclosures for treatment, payment, and health care operations. I may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent.
- II. Uses and disclosures requiring authorization. I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment, and health care operations, I will obtain an authorization before releasing your psychotherapy notes. You may revoke all such authorizations (or PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that I have relied on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer the right to contest the claim under the policy.
- III. Uses and disclosures with neither consent nor authorization. I may use of disclose PHI without your consent or authorization in the following circumstances:
- * Child abuse: If I have reasonable cause to know or suspect that any child has been abused or neglected, as defined below, or is a victim of sexual abuse by another child, I must, within 24 hours, transfer that information to the Rhode Island Department of Children, Youth, and Families, or its agent.

Child abuse and/or neglect is defined as a child whose physical or mental health or welfare is harmed, or threatened with harm, when his/her parent or other person responsible for his/her welfare:

- 1) inflicts, or allows to be inflicted, physical or mental injury;
- 2) creates, or allows to be created, a substantial risk of physical or mental injury;
- 3) commits, or allows to be committed, an act of sexual abuse, sexual assault, or exploitation of the child;
- 4) fails to supply the child with adequate food, clothing, shelter, or medical care;
- 5) fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his/her unwillingness or inability to do so, and abandons or deserts the child.
- * Health oversight: If a complaint is filed against me with the RI Board of Psychology, the Administrator of Professional Regulation (of the Division of Health) has the authority to subpoen confidential mental health information from me relevant to that complaint.
- * Judicial or administrative proceedings: If you are involved in a court proceeding and a request is made for information about the professional services that I provided to you and the records thereof, such information is privileged under state law, and I will not release this information without written authorization by you or your legal representative; a subpoena of which you have received official notification and you have failed to inform me that you are opposing the subpoena; or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- * Serious threat to health or safety: I may release your confidential health care information to appropriate law enforcement personnel, or to a person if I believe that person or his/her family to be in danger from you.

- * Workers' compensation: If you file a workers' compensation claim, I must release your relevant mental health care information for the proceedings.
- IV. Patient's rights and psychologist's duties.

Patient's rights:

- 1) You have the right to request restrictions on certain uses and disclosures of PHI about you. However I am not required to agree to a restriction that you request.
- 2) You have the right to request and receive confidential communications of PHI by alternative services and at alternative locations.
- 3) You have the right to inspect or obtain a copy of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- 4) You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- 5) You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- 6) You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Therapist's duties:

Date

- 1) I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- 2) I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- 3) If I revise my policies and procedures, I will inform you with a revised notice at the next session.
- V. Complaints. If you are concerned that I have violated your privacy rights or you disagree with a decision I made about access to your records, you may contact the Rhode Island Department of Health (222-5200). You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office listed above can provide you with the appropriate address upon request.
- VI. Effective date, restrictions, and changes to privacy policy. This notice will go into effect on September 1, 2003. I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised written notice at the next session.

Written Acknowledgement of Receipt of Privacy Practices	
nan, Ph.D. Notice of Privacy Practices	
1	
Client's Signature	
Relationship to Client	